



Risk Assessment– HEART

Agent Name:	
Address:	
Email:	
Phone:	
Applicant Name:	
Date Of Birth:	
Sex:	Male Female
Height/Weight:	
Occupation:	
Death Benefit:	
Type of Product:	Term UL Whole Life 2nd To Die
Has Client EVER Used Tobacco? YES NO	Date of Last Use:
Specify All Types of Nicotine Used:	Cigarettes Cigar Pipe Other:
Regarding Client's Symptoms:	Date of Onset: Describe Symptoms:
When were last symptoms? (chest pain, shortness of breath, sweating?)	
Is Client on Medication? YES NO	Name of All RX:

When did client last see Dr.?	
How often does client see Dr.?	
Has Client Had Stress EKG? YES NO	Date & Results:
Was a Thallium or stress echo test done? YES NO	Date & Results:
Was a cardiac catheterization (or angiogram) done? YES NO	Date & Results:
Was Surgery Suggested?	YES NO
If Yes, what type of surgery And when was it performed?	Results:
Family History of Heart Conditions: (father, mother, siblings)	Ages at Onset: Ages and Causes Death:

Additional Comments:

This Questionnaire Must Accompany Your Formal Application.

FSA Preliminary Assessment: _____
